



В.

FOR OFFICIAL Date Received:	USE ONLY
Rec. Number: _	
Comments:	

# ACCREDITATION APPLICATION for Lead-Based Paint Activity Training Programs Please type or print responses in black or blue ink.

## A.

General Information	1					
<ul><li>Initial accredi</li><li>Re-accreditat</li></ul>	owing application types: tation application ion application of a certificate					
Indicate the course(s	) for which you seek ac	creditation or	re-accreditati	on:		
	Inspector	Supervisor	Risk Assessor	Project Designer	Abatement Worker	Fee
l = Initial R = Refres	her I R	I R	I R □	I R □ □	I R □ □	\$
Replacement of a c	ertificate (\$25 each)					\$
					Total Fee:	\$
(List each language separately. N	language other than Endote: Only worker course(s) can be tauton	ght in language other th				
Street Address, Suite Number (Ple	ase no P.O. Box)		City		State	Zip Code
Mailing Address:						
	address		City		State	Zip Code
Applicant's Phone #:	()	ext	Applicant	t's Fax #:		
Applicant's E-mail Ac	ldress:					
Please list all types of as necessary.	f facilities and locations	at which train	ing will take ր	olace. Attach	n additional sh	eets of paper
Type of Facility	Street Address, Suite Num	ber (Please no P.O. bo	x)	City	State	Zip Code
Type of Facility	Street Address, Suite Num	ber (Please no P.O. bo	x)	City	State	Zip Code

C. Qualifications of Training Program	m Manager				
Name of Training Program Manage	r:				
	Last	First		Middle	
Training Program Manager's Title: _					
Previous and/or Maiden Name(s), if	applicable:				
Teaching Workers or Adults Requirem Check one of the following:	nent of §11-41-4(c)	(1)(A), (B), or (C):			
□ Experience <b>or</b> □ Education <b>or</b>	graduate degree training progra in related field specializing ir		Experience man- training program specializing in environmental ha		
Circle the supporting documentation a		checked above:			
Experience Education Resume Diploma	<u>Training</u> Diploma	<u>Bachelors</u> Diploma		Management Exper	rience
Letter of Reference Transcript Documentation of Work Experience					
Construction Industry Requirement of Check one of the following:	§11-41-4(c)(1)(D):				
□ Experience <b>o</b> ı	· □ Edu	ication <b>or</b>		Training	
Circle the supporting documentation a	ttached for the box	checked above:			
<u>Experience</u>	Education <u>Training</u>				
Resume Letter of Reference	Diploma Diploma Transcript Transcript				
Documentation of Work Experience			Certificate		
D. Qualifications of Principal Course		ttach a separate sheet f	or eac	h individual.)	
Name of Principal Course Instructor (If more than one, attach additional sheets.)	for each course: _	Last		First	Middle
Previous and/or Maiden Name(s), if	applicable:				
<u>Teaching Workers or Adults Requirent</u> Check one of the following:	nent of §11-41-4(c)	<u>′2)(A):</u>			
☐ Experience or	· 🗇 Edu	ication or		Training	
Circle the supporting documentation a	ttached for the box	checked above:			
<u>Experience</u>		ucation		Training	
Resume Letter of Reference Documentation of Work Experience	-	loma nscript	Diploma Transcript Certificate		

Completion of Accredited Lead-specific Training Requirement of §11-41-4(c)(2)(B): Check as many that apply and complete information for each. Attach additional sheets of paper, if necessary.						
☐ Inspector ☐ Supervisor	□ Risk	Assessor	□ Proje	ct Designer	□ Abateme	ent Worker
Specify EPA or name of accrediting EF	A-authorized S	State, U.S.	Territory, o	r Indian Tribe	e:	
Name of Trainer:	Name c	f Training	Program: _			
Training Program Address:	lress, Suite Number				State Zip	Code
Training Program Phone #: ( ext Date Training Completed:						
Training Certification Identification Num	nber:					nth/Day/Year
Construction Industry Requirement of	§11-41-4(c)(2)(	<u>′C):</u>				
Check one of the following:   Experience or		Education		or	□ Trainir	ng
Circle the supporting documentation at	ttached for the	box check	ed above:			
Experience Resume		Education Diploma			<u>Training</u> Diploma	
Letter of Reference Documentation of Work Experience		Transcript			Transcrip Certificat	
E. Lead-Based Paint Activity Violation	ons					
Does the training program have any past, present, or pending lead-based paint activity ☐ Yes ☐ No violations of EPA, State, U.S. Territory, or Indian Tribal land(s) regulations?						
If yes, please attach a written ex	planation.					
F. Certification of Course Training M	aterial					
I certify that I am using the course training materials as marked in the boxes below for each of the courses that I seeking accreditation as required by §11-41-4(b)(1)(C). My signature in Section I applies to this Section F.						
	Ins	pector S	Supervisor	Risk Assessor	Project Designer	Abatement Worker
EPA recommended training material	ls					
Authorized State course/program (attach documentation that course and/or pro state-approved)	gram is					
Other LBP training (contact the Help Line at 1-800-424-LEAD)						
G. Re-accreditation Applicants Only						
Use the following space to describe the training program's last application						

#### H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and want the State Department of Health to consider with your application. Attach additional sheets of paper, as necessary.

#### I. Certification Statement

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §\$2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcement, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or United Sates has an interested in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity training program described in Sections A through H of this application, including any attachments, meets the requirements established in subsection (c) of §11-41-4. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledged that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to §11-41-4 and conduct lead-based paint activities training only in those disciplines and geographical areas in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or imposition of applicable criminal and civil penalties and/or administrative remedies.

Training Program Manager's Signature (Please sign legibly within the boundaries of the box above.)	Date Signed

### Before you mail your application and accreditation fee, make sure you have:

- ☐ Filled out applicable sections of the application
- □ Signed and dated the application
- Made a copy of your application for your files
- Enclosed education, experience, and other documentation for the Training Program Manager and Principal Course Instructor(s)
- ☐ Enclosed a description of facilities and equipment
- Enclosed the course test blueprint
- Enclosed a description of activities and procedures for hands-on skills assessment
- Enclosed quality control plan(s)
- Enclosed course manual(s) and course agenda(s)
   (If not using EPA recommended or authorized State or Indian Tribe approved training materials)
- Enclosed the appropriate accreditation fee (check or money order)
- Printed "State Department of Health" on the check or money order

#### **SEND TO:**

STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
LEAD-BASED PAINT SECTION
591 ALA MOANA BLVD., #133
HONOLULU, HI 96813
PHONE (808) 586-5800 FAX (808) 586-5811